Legislative Youth Advisory Council Application

The Washington State Legislative Youth Advisory Council is a 22-member council of 14-18 year-old students from across the state of Washington. Applications to the Council are reviewed by the Council and final selection is conducted by the Office of the Lieutenant Governor. Half of the Council (eleven students) is replaced every year. Students then serve for two years.

Meetings are held three to six times per year, usually every other month. So far they have been held either in Olympia or the greater Seattle area, but there may be meetings in other areas in the future. Students are expected to attend every meeting they can, and travel expenses are covered. Occasionally meetings are planned during the school week, especially during session; so many students have to take a day off from school. Meetings are usually one day events, but there are occasional overnight meetings.

Outside of meetings, Council members are asked to continue the Council's work by contacting legislators to advise on pending legislation, drafting letters and legislative reports, and reaching out to other youth groups.

Applications are due by July 2, 2007. Please note that a teacher's evaluation is required. If you have any questions, please contact the Council by emailing lyac@leg.wa.gov.

Submit applications to:
Legislative Youth Advisory Council
c/o Judi Best, Senate Civic Education Coordinator
P.O. Box 40482
Olympia, WA 98504-0482
best.judi@leg.wa.gov

Thank you for your interest! We hope to meet you soon!

Sincerely,

Kate Berry Chair, Washington State Legislative Youth Advisory Council

<u>Legislative Youth Advisory Council Application</u> (Please print)

Full name: Age:
Address:
City: State: WA Zip Code:
School: Grade:
School district: Date of Birth: / /
Home phone: () Cell phone: ()
E-mail Address:
Parent/Guardian Name:
Work number: () Home number: ()
Cell number: ()_ Email address:
Please briefly answer the following questions.
Why do you want to be on the Legislative Youth Advisory Council?:
What skills or resources will you bring to the Council?
Please describe any relevant activities and organizations (incl. community service, clubs, etc.):
1.
2.
3.
4.
5.

What would you change about your community or school if you had the power to do so?

Name: School/Organization:					
Email address: Pho Address:	one: ()				
City: State: WA Zi	p Code:				
Relationship to student:					
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Comments: